

2025

Annual Report

to the Governor
and Legislature



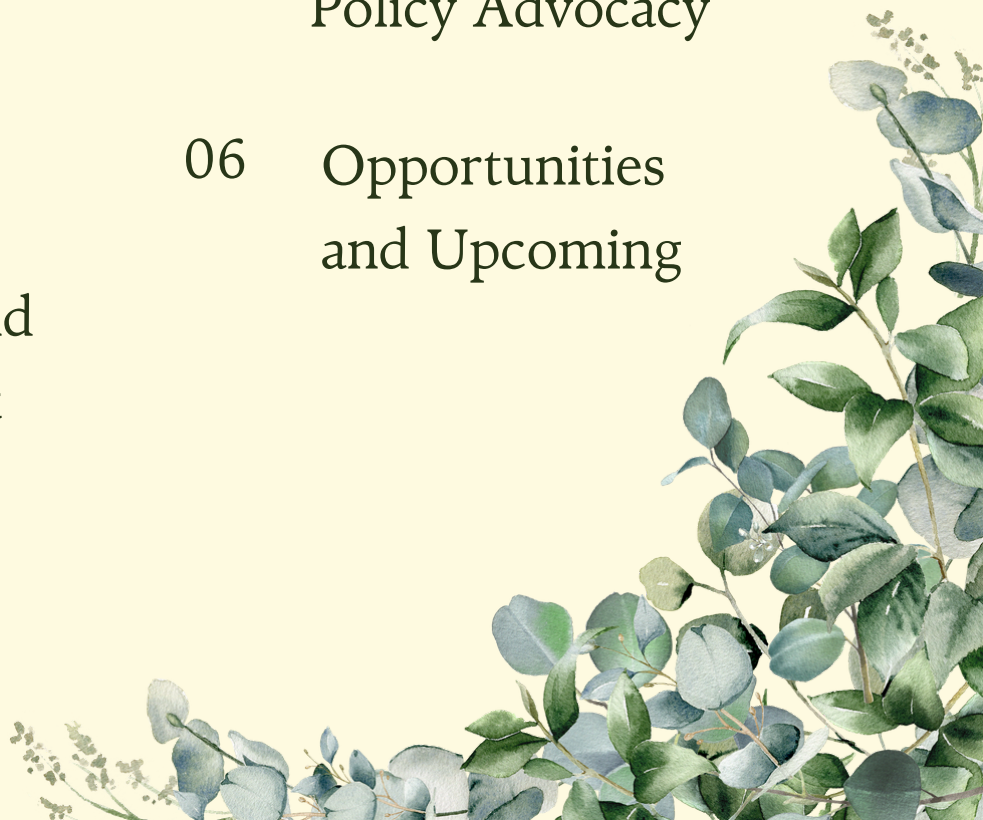
Consumer Council System
of Maine



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Letter from the Executive Director

Dear community,

I am so honored to present to you the 2025-2026 Consumer Council System of Maine (CCSM) annual report.

It is our hope that by sharing some of the work we have accomplished this past year you will be informed of our work as well as motivated to engage with us in whatever way meets your needs. Our passion is clear. Our voices are solid and our ears are open. We do our best work when we share what is happening across the State with our fellow peers and use their voices to effect good public policy. While supporting people one on one is essential, our goal is to use those experiences and go higher to a 30-thousand-foot view to try to make the system better for more than one person. If it is happening for one person, you can bet that it is happening for many. It is not easy work but critical. Please join us on this journey and let's make Maine a better place for those living with mental health challenges!

Inside the pages that follow you will find:

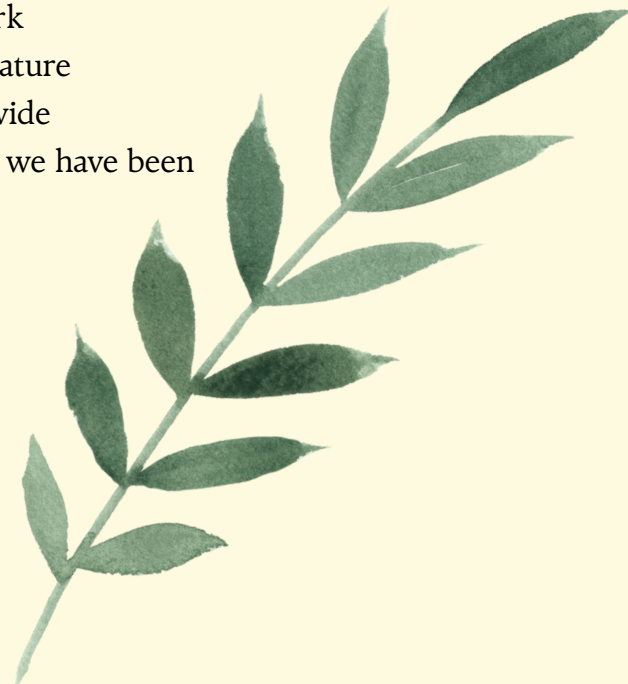
- Our Issue Statement Work
- Our year at the Maine Legislature
- Our outreach efforts statewide
- Feedback received from all the places we have been



Sincerely,

Simonne Maline

Executive Director



CCSM Overview

Mission

The Consumer Council System of Maine represents fellow consumers with an effective, organized voice in shaping public policy and mental health services. We hold as essential the participation of all consumers and look to collaborate with allies to find realistic solutions to local and statewide issues and to advance recovery-oriented, consumer-driven mental health care and peer-run recovery opportunities.

Vision

The Consumer Council System of Maine leads the way as a well-established cornerstone of a recovery-oriented system of mental health care, moving forward with courage and creativity, directed by an informed, diverse grassroots consumer network

CCSM Overview

Statewide Consumer Council Representatives

Kandie Cleaves, Chair
Vickie McCarty, Vice Chair
Jason Goodrich, Treasurer
Vickie Morgan, Secretary
Renee Smith
Brian Harnish
Laurie Brooks
Dorie Oakes

Staff

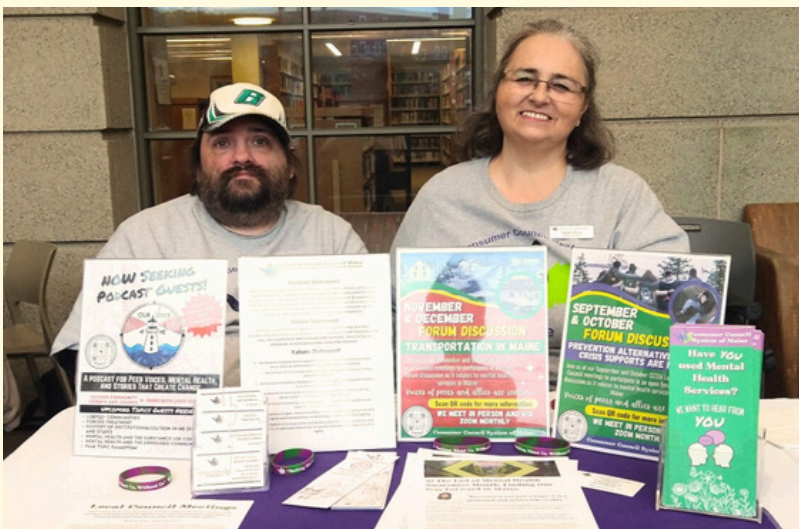
Simonne Maline, Executive Director
Vickie Crocker-Hebert, Operations Director
Brittany Lorange, Outreach Coordinator
Sarah Savage-Bellavance, Outreach Coordinator
Kerri Pitts, Policy Advocate

Outreach and Engagement

Throughout 2025, we deepened our roots in communities across Maine through a range of outreach initiatives. We're continuously focused on bringing people together to amplify their lived experience and expand the ways we show up to support our community members. Our priorities this year were reflective of our commitment to meet people where they are at.

We hosted Local Council meetings with forum discussion topics around several urgent issues affecting mental health peers. These meetings take place in Farmington, Lewiston/Auburn, Bangor, and Augusta. At these meetings, peers gather to share experiences and feedback related to the forum topic, and relevant to their regional experiences.

Our team showed up at several outreach events across the state, tabling at these events to raise awareness about the work CCSM does and ensure peers in each of these communities has a chance for their voice to be heard. These face-to-face interactions allow us to forge new relationships and listen directly to community needs.



2025 marked a significant expansion of our digital voice. We launched Our Voice of ME, a podcast dedicated to sharing stories, and covering important topics surrounding mental health in Maine. Our topics have included the intersectionality of LGBTQ+ identity and mental health, voting with a disability, art and mental health, and more! We look forward to continuing this work in 2026 with additional pertinent topics. We've also launched a blog, Hopeful Horizons, where topics often go deeper into issues that are covered in our podcast episodes, Local Council forums, and other meaningful deep dives.

Recognizing the power of creativity to communicate what words alone often cannot, we invested meaningfully in arts-based outreach this year. We hosted Shared Expressions- an art event for peers to gather and make art, view peer artists' work, and celebrate the collaborative unity that art brings to the peer community. We also offered a Peer Artwork calendar, showcasing peer art with the theme of "Using Your Voice".

We're grateful for the opportunity to show up for our community in unique and ever-evolving ways, and look forward to continuing this work in 2026 and beyond!





JANUARY & FEBRUARY FORUM DISCUSSION

EMPLOYMENT OPPORTUNITIES/ACCESS

Join us at our January and February CCSM Local Council meetings to participate in an open forum discussion as it relates to mental health services in Maine

Voices of peers and allies are welcome!

Scan QR code for more information



**WE MEET IN PERSON AND
VIA ZOOM MONTHLY**

Consumer Council System of Maine





MARCH & APRIL FORUM DISCUSSION

HOUSING/UNHOUSED COMMUNITIES

Join us at our March and April CCSM Local Council meetings to participate in an open forum discussion as it relates to mental health services in Maine

Voices of peers and allies are welcome!

Scan QR code for more information

**WE MEET IN PERSON AND
VIA ZOOM MONTHLY**



Consumer Council System of Maine





MAY & JUNE FORUM DISCUSSION

THE IMPORTANCE OF THE LIVED EXPERIENCE VOICE MAKING SYSTEMIC CHANGES

Join us at our May and June CCSM Local Council meetings to participate in an open forum discussion as it relates to mental health services in Maine

Voices of peers and allies are welcome!

Scan QR code for more information

**WE MEET IN PERSON AND
VIA ZOOM MONTHLY**



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**JULY &
AUGUST**

FORUM DISCUSSION

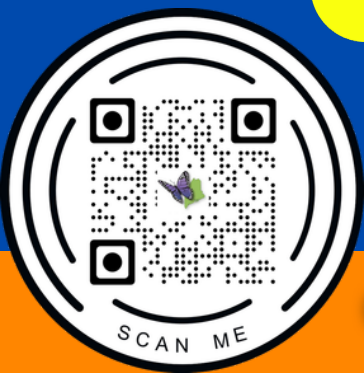
FORCED TREATMENT

Join us at our July and August CCSM Local Council meetings to participate in an open forum discussion as it relates to mental health services in Maine

Voices of peers and allies are welcome!

Scan QR code for more information

**WE MEET IN PERSON AND
VIA ZOOM MONTHLY**



Consumer Council System of Maine





**SEPTEMBER
& OCTOBER**

FORUM DISCUSSION

**PREVENTION ALTERNATIVES BEFORE
CRISIS SUPPORTS ARE NEEDED**

Join us at our September and October CCSM Local Council meetings to participate in an open forum discussion as it relates to mental health services in Maine

Voices of peers and allies are welcome!

Scan QR code for more information

**WE MEET IN PERSON AND VIA
ZOOM MONTHLY**



Consumer Council System of Maine





**NOVEMBER
& DECEMBER**

FORUM DISCUSSION

TRANSPORTATION IN MAINE

Join us at our November and December CCSM Local Council meetings to participate in an open forum discussion as it relates to mental health services in Maine

Voices of peers and allies are welcome!

Scan QR code for more information

WE MEET IN PERSON AND VIA ZOOM MONTHLY



Consumer Council System of Maine





Consumer Council System of Maine

A Voice for Consumers of Mental Health Services

Transportation	Transitional Services	Housing	Case/Med Management	Education/ Training/Policy	Environmental	Peer Services	Insurance/ MaineCare /DHHS	Fear/Stigma	Utilities	Lack of Services/ Providers	Police /Jails	Economic Inequality	Wait times	Employment	Crisis Response
Date	Location	Feedback				Recommendation				Outcome					
5/14/2025	HOPE	Lack of access to and availability of counselors (youth and adults)													
5/14/2025	HOPE	System providers "knowing" the answer w/o appropriate credentials and not involving the community providers and their team.													
5/14/2025	HOPE	Lack of youth to adult transitional services													
5/14/2025	HOPE	Med management is lacking													
5/14/2025	HOPE	Access to family therapy is hard to find													
5/14/2025	HOPE	Many budget cuts to MH programs have created a lack of access for many.													
5/14/2025	HOPE	Waitlists for treatment are dangerously long													
5/14/2025	HOPE	Access to providers/respite for families/ helping with breaks (support)													
5/14/2025	HOPE	Continuity of care (revolving door care)													
5/14/2025	HOPE	Ever changing insurance coverage													
5/14/2025	HOPE	Access to therapy and transportation to appointments is difficult													
5/14/2025	HOPE	Lack of funding/ reimbursement to programs that matter													
5/14/2025	HOPE	New therapies: I.F.S (internal family systems) (somatic calming tools) Gardening/permaculture as therapeutic practice, should be utilized more.													



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Date	Location	Feedback				Recommendation				Outcome					
5/14/2025	HOPE	Too many limitations caused by clinical language													
5/14/2025	HOPE	Clinical staff need new ways to understand people's personal perspectives.													
5/14/2025	HOPE	Lack of access to family therapy													
5/14/2025	HOPE	Hard to access Med management services													
5/14/2025	HOPE	Lack of access to therapy													
5/14/2025	HOPE	More peer centers are needed throughout the state													
5/14/2025	HOPE	Sober homes/transitional housing needs to be a safe place for recovery and staff needs to be held accountable, with rules for nepotism etc.													
5/14/2025	HOPE	Need more Peer support/recovery coaches													
5/14/2025	HOPE	General public still makes bad assumptions about recovery													
5/14/2025	HOPE	Waitlists to therapy and PCP's too long													
5/14/2025	HOPE	Domestic violence creates mental health struggles													
5/14/2025	HOPE	Lack of funding creates lack of resources													

updated 11/21/2025



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Date	Location	Feedback				Recommendation				Outcome					
5/14/2025	HOPE	CCBHC at Maine Health is very disorganized, no one knows what's going on with it or who is welcome, especially at the York county drop-in space.													
5/14/2025	HOPE	Long waitlists for treatment													
5/14/2025	HOPE	More family focused therapy is needed													
5/14/2025	HOPE	More peer support/treatment options needed													
5/14/2025	HOPE	Access to therapists for in-person appointments													
5/14/2025	HOPE	Access and programs for maternal mental health are needed.													
5/14/2025	HOPE	Nutritional services to help support mental health													
5/14/2025	HOPE	More medical interpreters needed													
5/14/2025	HOPE	Lack of reliable transportation to appointments													
5/14/2025	HOPE	Med management and access to therapy are too systemized, too centralized, too intellectualized.													
5/14/2025	HOPE	Aroostook county barely has therapist or med management services including section 17 and section 29													
5/14/2025	HOPE	More SA counselors are needed especially in Aroostook County													
5/14/2025	HOPE	Not enough MH providers													

updated 11/21/2025



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Date	Location	Feedback				Recommendation				Outcome					
5/14/2025	HOPE	Peer centers are closing and new ones are not being opened to replace them.													
5/14/2025	HOPE	Recovery/housing accessibility													
5/14/2025	HOPE	Long waitlists and limited providers in Knox and Waldo Counties													
5/14/2025	HOPE	Lack of mental health services for the elderly population													
5/14/2025	HOPE	More education needed on the good Samaritan law													
5/14/2025	HOPE	CPS involvement with peers is concerning													
5/14/2025	HOPE	Access to therapist that take correct insurance													
5/14/2025	HOPE	Case management is MaineCare only unless you pay out of pocket.													
5/14/2025	HOPE	More peer support needed													
5/14/2025	HOPE	Stigma - how language drives change													
5/14/2025	HOPE	State regulations for the ratios of peer supports to peers 1:100 for ACT & 1:200 for BHH is not doable													
5/14/2025	HOPE	More education around food addiction													
6/17/2025	Farmington Local Council	More peers need to be on local boards (orgs, town, school, etc.)													
7/14/2025	Greater Lewiston Auburn Area Local Council	More options are needed then just the ED for crisis													



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Date	Location	Feedback				Recommendation				Outcome					
7/14/2025	Greater Lewiston Auburn Area Local Council	Psychiatric Advanced Directives need to be more easily accessible													
7/14/2025	Greater Lewiston Auburn Area Local Council	The general public needs to be more educated on the existence and use of Psychiatric Advanced Directives													
7/15/2025	Farmington Local Council	Peers need more control with their in-patient treatment plans													
9/8/2025	Greater Lewiston Auburn Area Local Council	PEER RESPITE!!!													
9/8/2025	Greater Lewiston Auburn Area Local Council	Having WRAP and having a TOOLOX, that way there is a plan for when you are at home at 2am before crisis.													
9/8/2025	Greater Lewiston Auburn Area Local Council	Educating people that have not yet been hospitalized or have first hand knowledge of WRAP or similar program.													
9/8/2025	Greater Lewiston Auburn Area Local Council	WRAP Trainings more available for peers													
9/8/2025	Greater Lewiston Auburn Area Local Council	Lack of community supports outside of being connected to an agency, like support groups, etc.													
9/8/2025	Greater Lewiston Auburn Area Local Council	More peer centers are needed especially in more rural places													
9/8/2025	Greater Lewiston Auburn Area Local Council	Connect with college students and other young adults and educate them on resources.													



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Date	Location	Feedback					Recommendation				Outcome				
9/8/2025	Auburn Area Local Council	Rural people are at risk and need access to resources													
9/8/2025	Auburn Area Local Council	Not letting people fall through the cracks due to location.													
9/8/2025	Greater Lewiston Auburn Area Local Council	Access to reliable and affordable transportation can keep people out of crisis by providing them with access to community, nature, and other beneficial resources and activities.													
9/8/2025	Greater Lewiston Auburn Area Local Council	Rides to pick up prescriptions can be helpful in maintaining stable mental health.													
9/8/2025	Greater Lewiston Auburn Area Local Council	Prevention Alternatives Before Crisis Supports can save the state a lot of money in hospital costs and other crisis support.													
9/8/2025	Greater Lewiston Auburn Area Local Council	DBT training and educating the general public on what DBT is, normalize therapy.													
9/8/2025	Greater Lewiston Auburn Area Local Council	Peer support more available to people outside the hospital and available in the community													
9/8/2025	Greater Lewiston Auburn Area Local Council	Mobile community peer support program													
9/16/2025	Farmington Local Council	Access to therapy or emotional support animals													
9/16/2025	Farmington Local Council	Friendly peer check ins (like a wellness check but not from authority) A trusted party that will help a peer know they aren't going to be alone,.													

updated 11/21/2025



Consumer Council System of Maine

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Date	Location	Feedback				Recommendation				Outcome					
		they aren't going to be alone,.													
9/16/2025	Farmington Local Council	Having a pre specified peer support person that you know will be confidential.													
9/16/2025	Farmington Local Council	The environment a person is in can lead to crisis, support in helping people go for walks or leave their environment and be in community or nature can help													
9/16/2025	Farmington Local Council	Peer Support People need to be compensated for their services, lack of compensation leads to not enough supports.													
9/16/2025	Farmington Local Council	Lack of community spaces, such as peer centers or clubhouses leads to feelings of loneliness.													
9/16/2025	Farmington Local Council	More people need to be aware of Psychiatric Advanced Directives, how to create them, how the work, where they go,													
10/21/2025	Farmington Local Council	Mental health peer support workers need to be compensated at the same rate as recovery coaches													
10/21/2025	Farmington Local Council	Non-clinical approaches to crisis prevention need more attention.													
10/21/2025	Farmington Local Council	Equine therapy/farm therapy can be a great resource but not well known or covered by insurance													
10/21/2025	Farmington Local Council	Access to swimming, fitness center, can support people pre-crisis													



Transportation	Transitional Services	Housing	Case/Med Management	Education/ Training/Policy	Environmental	Peer Services	Insurance/ MaineCare/ DHHS	Fear/Stigma	Utilities	Lack of Services/ Providers	Police/ Jails	Economic Inequality	Wait times	Employment	Crisis Response
Date	Location	Feedback					Recommendation			Outcome					
10/21/2025	Farmington Local Council	Equine therapy/farm therapy can be a great resource but not well known or covered by insurance													
10/21/2025	Farmington Local Council	Access to swimming, fitness center, can support people pre-crisis													
10/21/2025	Farmington Local Council	Self direction program - Needs more funding													
11/10/2025	Greater Lewiston Auburn Area Local Council	Motive Care - Missing appointments, can provide rides home but not to appointments, reimbursement for drivers is not reliable, Wrong vehicle for clients sent (Wheelchair accessible etc.)													
11/10/2025	Greater Lewiston Auburn Area Local Council	Drivers for Motive Care often pick up more than one client at a time, leading to possible privacy concerns and reimbursement for drivers reflects 2 clients for the same or similar mileage.													
11/18/2025	Farmington Local Council	Lack of transportation severely limits job prospects and job security.													
11/18/2025	Farmington Local Council	Farmington lacks reliable public transportation, current routes are very limiting													
11/18/2025	Farmington Local Council	rides to places like grocery stores are not covered by Motivecare													
11/18/2025	Farmington Local Council	There are no free transportation options													
11/18/2025	Farmington Local Council	Lack of transportation can lead to lack of community and isolation which is detrimental to mental health recovery.													
11/18/2025	Farmington Local Council	Many households have only one vehicle and cannot provide transportation for both parents to work and makes attending events for children difficult													

Issues Work

As directed in Title 34-B, §3611(6)(D)(2), the CCSM has established a mechanism for formally communicating issues and concerns with the DHHS Commissioner and high-level department personnel.

The purpose of the CCSM Issue Statement process is to highlight issues identified at a local or statewide level. The CCSM has a subcommittee of the Statewide Council that exclusively works on drafting and researching issues that are timely and of importance.

Statements may originate from the community, Local Councils, or the SCC, and follow a format that includes:

- The Issue
- The Recommendation
- The Proposed Outcome

Issue Statements are submitted primarily to the Director of the Office of Adult Mental Health Services and copied to the Commissioner, Court Master, and other personnel as appropriate. Issue Statements have become a very important way to capture and address the concerns of our peers in the mental health community and allows for constructive conversations to take place on systemic issues relating to enhancing wellness and recovery.

All statements are reviewed by members of the statewide Issues Subcommittee and a first draft is brought to local councils and put on our website for feedback. Comments are collected for the Issues Subcommittee to incorporate into a second draft that is sent back out for final review. The last step in this process is to bring the final draft before the full SCC for a final vote. The Issue Statement is then hand delivered to the Commissioner or any other entity it is addressed to for consideration.

We would like to emphasize that all of our Issue Statements are solution based. We participate in monthly meetings with OBH staff where we have yet another opportunity to express concerns from our peer community.



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CCSM Issues Subcommittee

Final Draft 1/8/2025

Lack of flexible hours in Mental Health Peer Support and Recovery Centers

Issue:

We have heard from our fellow mental health peers that they would like to see more diversity of when peer support and recovery centers are open. Many people would like to access peer support groups and programming when it works for them and daytime Monday through Friday may work for most but not all. There currently are no evening or weekend hours at peer centers that we are aware of.

By offering peer support to individuals, shows that the need for clinical interventions decreases for those that have had encounter(s) with a peer support specialist.

Recommendations:

1. Support those who may have barriers or responsibilities during the Monday through Friday 9-5 hours by instituting evening and weekend schedules to support individuals, including those that need periodic support.
2. Add additional hours or strategically spread the hours of operation to allow for evening and weekend timeframes.

3. DHHS publishes, on a public-facing website, the crisis data that DHHS collects, including the trends regarding use of each distinct crisis service in order to support data-driven decisions concerning less intensive holiday/evening/weekend service options.

Expected Outcomes:

Offering peer support shifts that reflect the needs of individuals who could utilize this vital support system.

Decrease the likelihood of unnecessary interventions, including police involvement and emergency department visits as well as unexpected demands on 24-7 services such as Receiving Centers.

<https://mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202019.pdf>

<https://store.samhsa.gov/product/consumer-operated-services-evidence-based-practices-ebp-kit/sma11-4633>



CCSM Issues Subcommittee

Final Draft 10/8/2025

A Need for Greater Employment Service Coordination

Issue:

With upcoming changes in the federal work requirements, peers will need additional support(s) and guidance with returning to work or expanding work hours. Currently, there are state organizations and community partner organizations working on employment services simultaneously. These various programs operating separately create barriers to access for peers in need of services.

Recommendations:

- **Community Work Incentive Coordinators (CWICs)**
 - Currently there are 6 CWICs available statewide, which will not meet the increased need we anticipate for successful transition to employment.
- **Collaboration among various employment services organizations**
 - Historically, OBH convened regularly scheduled meetings with mental health employment stakeholders. These meetings were an effective tool in discussing emerging issues that impacted employment for our peers. We encourage DHHS/OBH to reinstate these meetings to organize entities to work together effectively.
- **Employment Advocacy**
 - We recommend an increase in funding to staff more Employment Advocates at Disability Rights Maine. DRM's vocational advocates—funded through the Client Assistance Program—are uniquely positioned as independent, rights-based navigators. Vocational rehabilitation services are often difficult to navigate, and Employment Advocates can assist peers in their journey to finding employment.
- **Education/training for providers**
 - Recognizing the high amount of turnover in the behavioral health provider community, it would be important for them to receive education and training regarding employment services across the state.

This could occur through various pathways such as increased formal training, standing item on staff meeting agendas, and online training to create a service culture that includes career aptitude.

- **Outreach Campaign**

- Acknowledging the significant changes that will impact a large amount of the peer community, we recommend disseminating information about upcoming changes well in advance of their implementation. This will allow people to plan accordingly before changes take effect.

- **DHHS and General Assistance**

- Considering these work requirement changes, there will likely be an increase in General Assistance utilization. It will be imperative that DHHS and General Assistance programs collaborate in advance of this new initiative so both sides are synchronized in service requirements.

Expected Outcomes:

If the above recommendations within the system are implemented, peers will experience more employment opportunities, more education about employment resources, and feel more confident about entering the workforce.

References:

https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/DHHS%20Impact%20Summary_Medicaid-SNAP-Marketplace_May2025.pdf

<https://www.maine.gov/dhhs/blog/federal-budget-reconciliation-law-now-effect-impacts-mainecare-snap-covermegov-2025-07-11>

<https://www.congress.gov/bill/119th-congress/house-bill/1/text> (Section 71119)

<https://www.maine.gov/rehab/cap.shtml>

<https://legislature.maine.gov/statutes/26/title26ch41.pdf>





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CCSM Issues Subcommittee

Final Draft 11/12/2025

Submitted by Bangor Local Council

Decriminalizing Being Outside

The Issue:

We recognize that this does not apply to all communities and appreciate those that are showing compassion to those in need.

City and town municipalities have the option to now enforce anti-camping ordinances, even where no shelter is available. This decision removes federal constitutional protection. It transfers responsibility to local municipalities which allows them to decide whether or not to enforce this rule which will have a direct negative impact on people who must rest or are unhoused.

The Consumer Council System of Maine (CCSM) has received credible peer reports detailing how current practices, especially in cities like Portland and Bangor, impact medically fragile individuals, people with disabilities, and unhoused residents. The denial of access to shaded rest areas, public benches, or safe places to nap poses barriers not only to basic dignity, but also to medical and service engagement. Please see attached examples.

Recommendations:

The Council urges state agencies, municipalities, and service providers to adopt consistent, humane standards that balance public access, individual rights, and

logistical realities.

1. We would like all municipalities to adopt policies that are compassionate (See attached: Farmington's current operating procedure)
2. Avoid punitive municipality enforcement unless adequate shelter and medical access are available.
3. In all communities, wherever possible, implement shaded seating, rest zones, and accessible public restrooms.
4. State organizations and municipalities should involve people who are directly impacted in ordinance design, transit planning, and enforcement protocols.


Expected Outcomes:

We expect a reduction in trauma and medical complications from displacement for our fellow peers. This would improve peer engagement with services, appointments and transit. If local municipalities clarified local enforcement practices that aligned with public health, our communities would thrive and would trust that they had the support needed in public space access.

This issue statement is not only directed to DHHS, but to town and city governments across Maine. Each municipality will now determine whether to protect rest and recovery or punish it. We also call on peers who are not directly impacted by these practices to act: speak at local meetings, ask about your city's policies, and show up for those who cannot. Public space belongs to the public.

Local governance now carries a heavier impact on successful outcomes for our peers, both systemically and ethically.

We welcome input on how best to cascade this information to municipalities across the state.



Legislative and Systemic Advocacy

In 2025, the CCSM was very legislatively active by providing testimony, attending hearings, and advocating for ours & our allies' bills to pass at the State House. Areas of focus for the 132nd Legislature were: housing, transportation, behavioral health services, SNAP, and much more.

The CCSM worked with Representative Cheryl Golek to sponsor LD 748, "An Act to Increase Bridging Rental Assistance Program Housing Voucher Funding to Reduce the Current Partial Waiting List and Increase Housing Vouchers for Persons Living with Mental Health Challenges" as a response to the change made within BRAP policy, adjusting the income percentage residents would pay towards their rent, from 51% to 40%. During the process of this bill being heard in the Legislature, the financial resources for BRAP began being allocated to existing residents exclusively, indefinitely pausing new applications. Thus began our advocacy for an overall BRAP funding increase. LD 748 was passed by the Housing and Economic Development Committee, and later by the House and Senate. However, as of April 2026, the bill has died on the Appropriations Table while awaiting funding.



LD 1843, "An Act to Provide Peer Respite for Individuals with Mental Health Care Needs" sponsored by Representative Amy Roeder, was brought forward by the CCSM to establish one peer respite center in Maine. This bill was passed by the Health and Human Services Committee, and went on to be passed in the House and Senate as well. As of April 2026, this bill has died on the Appropriations Table while awaiting funding.

LD 831 "An Act Regarding Abandoned Vehicles Due to Involuntary Psychiatric Hospitalization" sponsored by Senator Marianne Moore was a collaborative bill with Disability Rights Maine (DRM) to address a recurring issue of peers being negatively impacted by their vehicles being towed during an involuntary hospitalization. This bill was ultimately chosen among other towing-related bills to be included in LD 1377 "Resolve, to Convene a Working Group to Evaluate Potential Regulation of the Vehicle Towing Industry and the Impact on State Agencies and Industries". Our Executive Director, along with DRM's Managing Attorney, MH Advocacy, Kevin Voyvodich, served on this working group advocating for this population of peers that have been impacted by the towing industry during their hospitalizations.





The CCSM Legislative Subcommittee continues to assess peer needs at a policy level, and are planning accordingly for the upcoming 133rd Session. These meetings are held on a monthly basis where members discuss prevalent challenges within the mental health peer community and policy prescriptions are recommended as needed. Additionally, the CCSM works with peers to strengthen their skills in giving testimony and understanding the legislative process.

The CCSM continues to meet monthly with the Office of Behavioral Health (OBH). These meetings consist of the CCSM's Executive Director, Policy Advocate, and Coordinating Committee members, OBH Director, and the members of her team. These meetings are an integral aspect of ensuring the Council is informed of changes at a statewide and regional level, and to allow the CCSM to make the department aware of any peer needs, concerns or community updates. We value this collaborative relationship and look forward to continuing to work with members of the OBH team to consistently work towards improvement of services and systems for those living with mental health challenges.





132nd MAINE LEGISLATURE

FIRST REGULAR SESSION-2025

Legislative Document

No. 748

H.P. 490

House of Representatives, February 25, 2025

**An Act to Increase Bridging Rental Assistance Program Housing
Voucher Funding to Reduce the Current Partial Waiting List and
Increase Housing Vouchers for Persons Living with Mental Health
Challenges**

Reference to the Committee on Housing and Economic Development suggested and ordered printed.

Handwritten signature of Robert B. Hunt in cursive.

ROBERT B. HUNT
Clerk

Presented by Representative GOLEK of Harpswell.

Cosponsored by Representatives: BRIDGEO of Augusta, COPELAND of Saco, DEBRITO of Waterville, DHALAC of South Portland, EATON of Deer Isle, GERE of Kennebunkport, JULIA of Waterville, MATHIESON of Kittery.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. Appropriations and allocations.** The following appropriations and
3 allocations are made.

4 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF Bridging Rental**
5 **Assistance Program Z205**

6 Initiative: Provides ongoing funding for the Bridging Rental Assistance Program to reduce
7 the waiting list for assistance and increase housing vouchers by addressing the increase in
8 program costs resulting from a 2021 policy change that increased the portion of a
9 participant's rent paid by the program.

10	GENERAL FUND	2025-26	2026-27
11	All Other	\$660,000	\$660,000
12			
13	GENERAL FUND TOTAL	<u>\$660,000</u>	<u>\$660,000</u>
140			

151 **SUMMARY**

162 This bill increases funding for the Bridging Rental Assistance Program to reduce the
173 waiting list for assistance and increase housing vouchers by addressing the increase in
184 program costs resulting from a 2021 policy change that increased the portion of a
participant's rent paid by the program.



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March 25, 2025

Good afternoon, Senator Curry, Representative Gere and esteemed members of the Housing and Economic Development Committee,

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify in strong support of **LD 748 “An Act to Increase Bridging Rental Assistance Program Housing Voucher Funding to Reduce the Current Partial Waiting List and Increase Housing Vouchers for Persons Living with Mental Health Challenges”**

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

We are very grateful that Rep. Golek for putting this bill in for our organization and working with us to bring the topic of BRAP funding before you.

I had to change our testimony this weekend. Late Friday we were made aware of a change by DHHS, Office of Behavioral Health (OBH) moving the total funding side of BRAP from a partial waitlist to a full waitlist. If this does not sound significant warning bells for all of you, I am here to ring the bell.

We saw the change of how much an individual paid towards their BRAP voucher change in 2021. Historically, 51% of a person's income was paid by individuals at that time kept them as a priority status for Sect 8. It was dropped to 40% by the State. We knew then that this may result in a decrease in vouchers overall and we also saw how rent burdened people already living in poverty were. This is a challenging choice to make. In 2020 there was a surplus of vouchers available and today the demand is so high that there are no new vouchers available for anyone regardless of need.

BRAP is an absolute lifeline for those living with mental health challenges and is the cornerstone needed for everyone but more acutely for those living with significant struggles.

To meet the eligibility requirements for BRAP you need to qualify for Sect. 17 of MaineCare. This is not a voucher for any person in Maine. It was created at a time when the wait for Sect. 8 was around 2 years and that was a severe hardship for those needing a place to live when leaving a psychiatric unit, jail or meet the definition of literal homelessness and meet the eligibility requirements. Thus, the program was called a “Bridge” which was meant to get help hold on until you received a Sect 8 housing voucher.



BRAP was an important part of the AMHI Consent Decree, which recently ended in Maine after 30 plus years. Not that the Consent Decree could have fixed this, but it was an important piece of compliance by DHHS/OBH.

Without housing, a person will significantly struggle to move forward in their recovery. It is nearly impossible without stable housing. During a housing crisis statewide, our community is one of the most vulnerable and at risk for so many poor or deadly outcomes.

When we leave people with mental health challenges without the opportunity for housing, we will see our fellow peers in much higher levels of care or we will lose them all together. This is a fiscally responsible bill.

Please join us in supporting those that need our support more than most. We cannot let those in need of BRAP vouchers in order leave a hospital, jail or are homeless to fend for themselves. Their lives are hanging precariously and we need to rise to meet the need.

Thank you,

Simonne Maline

Executive Director



132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

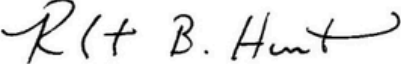
No. 1843

H.P. 1227

House of Representatives, April 30, 2025

An Act to Provide Peer Respite for Individuals with Mental Health Care Needs

Reference to the Committee on Health and Human Services suggested and ordered printed.


ROBERT B. HUNT
Clerk

Presented by Representative ROEDER of Bangor.
Cosponsored by Senator INGWERSEN of York and
Representatives: MATHIESON of Kittery, SARGENT of York, Senator: TIPPING of
Penobscot.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 34-B MRSA §3614** is enacted to read:

3 **§3614. Peer respite services**

4 **1. Definition.** As used in this section, unless the context otherwise indicates, "peer
5 respite" means a community-based model of care in which an individual in need of precrisis
6 or crisis support can access nonclinical community mental health services from peers with
7 lived experience in a low-barrier, comfortable and safe setting.

8 **2. Peer respite services and center.** The department shall provide peer respite
9 services and establish one peer respite center. The center must provide 24-hour peer respite
10 services to individuals 18 year of age or older in need of voluntary, short-term mental health
11 services.

12 **Sec.2. Appropriations and allocations.** The following appropriations and
13 allocations are made.

14 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

15 **Office of Behavioral Health Z199**

16 Initiative: Provides funding for a peer respite services program to provide short-term
17 mental health services to adults.

18 **GENERAL FUND**

	2025-26	2026-27
19 All Other	\$575,000	\$500,000
20 GENERAL FUND TOTAL	\$575,000	\$500,000

21
22
23
24

25 **SUMMARY**

260 This bill requires the Department of Health and Human Services to provide peer respite
261 services and establish a peer respite center. The center must provide 24-hour peer respite
262 services to individuals 18 years of age or older in need of voluntary, short-term mental
health services.



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May 9, 2025

Good morning, Senator Ingwersen, Representative Meyer and esteemed members of the Health and Human Services Committee,

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify **in strong support of LD 1843, “An Act to Provide Peer Respite for Individuals with Mental Health Care Needs”**.

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

We are happy to be here to present the possibility of peer respite to you all today. This committee has heard and supported previous versions of this bill, and we are trying again in a smaller capacity to recommend good and sound evidence-based programming needed in Maine.

This program is a crucial part of the community support aspect of the continuum of care for those living with mental health care needs.

We know from research and from our own lived experiences that hospitalization is not always the right answer. For many people, it can be traumatic, disempowering, and alienating. Peer respite provides an alternative, one that respects a person’s autonomy and helps them navigate difficult moments without the loss of freedom and connection that often accompany involuntary or emergency treatment.

In 2002 the only peer respite in Maine was opened in Brunswick and was available for anyone regardless of where they lived and was of no cost to the individual. It was funded by what we now call the Office of Behavioral Health, DHHS. It closed in 2017. The CCSM has been advocating for a return to Maine ever since. I was fortunate enough to be one of the individuals that ran the program in Brunswick. I saw how many individuals experienced significant support and did not need inpatient or high intensity support after a stay as a guest in the respite program. I saw individuals move forward in their recovery and would be happy to share more about my experience running this program.

In 2024, SAMSHA released the new working draft for crisis services definitions/best practices and peer respite is in there, link below (go to page 71) as part of the continuum of crisis services that are meant to be part of each state’s crisis system.



Across the country, peer respite programs in now 47 sites throughout 13 states and have shown real results: fewer hospitalizations, fewer emergency visits, and better long-term recovery. More importantly, they save lives, and they do so in a way that centers humanity, not just symptoms. Maine's history of integrating peer support services is admirable and we hope to continue to grow those options for those in need. LD 1843 is a necessary addition to the amazing peer services our state offers. We hope through testimony and thoughtful research, you'll agree, and vote **ought to pass on LD 1843**.

Thank you for the work you do and your consideration of this bill.

We will gladly join the work session to provide any additional information needed.

Sincerely,

Simonne M. Maline

Executive Director

[Model Behavioral Health Crisis Service Definitions](#)

[What is a Peer Respite? - Hope and Healing Center and Institute](#)

[Directory of Peer Respite - National Empowerment Center](#)

[Peer Respite – Live & Learn, Inc.](#)

[Peer Run Respite for Connecticut](#)



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March 17, 2025

Good afternoon, Senator Ingwersen, Representative Meyer and esteemed members of the Health and Human Services Committee.

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify **in support of LD 834, “An Act to Update the State Supplement to Supplemental Security Income” and LD 840, “An Act to Modernize the State Supplement to Supplemental Security Income by Removing Marriage Disincentives”**.

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them. The current marriage disincentives adversely affect many individuals in our peer community. Many who wish to marry because it aligns with their value system are prevented from doing so because it would, among other things, cause further financial hardship and risk losing health insurance.

In 2025, SSI maximum benefit is \$967 a month. However, if two beneficiaries are married to each other, they are considered an eligible couple and don't get their own separate benefits. The government applies a couple's rate of \$1,450 a month — 1.5 times the individual benefit. Their combined income is factored into determining the joint payment.

According to a 2003 Social Security issue paper, the rationale for paying eligible spouses comparatively less than they'd get as singles is that by sharing a home and financial resources, a couple can live more economically than two people living alone. However, this rationale is considerably outdated because of the current state of our economy: most are not able to afford a home of their own; there are long waitlists for section 8 housing; market rate housing rentals are very expensive and often hard to find, and food prices have risen to an astronomical level. Also, Social Security applies the \$3,000 resource limit to married couples even if only one is SSI-eligible. This can cause enormous hardships.

In closing, although there is still much work to be done for parity on the federal level, we believe that this bill is a good start in helping to address this very harmful situation. Therefore, **I urge you to vote “ought to pass” on LD 834 and LD 840.**

Sincerely,

Simonne M. Maline

Executive Director



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May 12, 2025

Good afternoon, Senator Baldacci, Representative Meyer and esteemed members of the Health and Human Services Committee,

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify in support of **LD 1866 “An Act to Amend the Laws Regarding the State-designated Agency Advocating for Individuals with Serious Mental Illness”**

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

We cannot underscore the vital role that Disability Rights Maine (DRM) plays in Maine in protecting the rights of individuals both in institutions and in the community that struggle with mental health challenges. This is the time to put them in statute so that if another administration decides to remove their role, it will be a heck of a lot more difficult.

The people that DRM help are often in the most restrictive settings possible for extended periods of time. They have helped people have access to fresh air, sunshine and connections to their community outside. They intervene in situations of improper restraints happen, access to healthcare needed that had gone ignored and access to voting and so much more! They are often the only voice helping patients in rooms full of clinicians when their weight or opinions can easily shadow theirs. They go to shelters, group homes and crisis units to help folks get access to our very complex service system, filling out applications for MaineCare, BRAP housing vouchers and more that have helped our peers move into successful housing and have access to physical and behavioral healthcare.

They come here to this committee and others to help educate on the law and the real-world situations happening on the ground. In a perfect world, we would grow their team! Our peer communities need them! They also bring systemic issues to DHHS and work to fix individual and systemic barriers day in and out.

Can DRM help everyone? No... as stated they are a small and mighty team. For each person who has been able to access basic services or have someone to advocate for harm being done we stand here today to say we NEED them to be our advocates. Now that the AMHI consent decree is over, now more than ever we need to ensure that advocates continue their vital, crucial work.

I urge you to vote ought to pass on LD 1866.

Sincerely,

Simonne M. Maline

Executive Director



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April 14, 2025

Good afternoon, Senator Ingwersen, Representative Meyer and esteemed members of the Health and Human Services Committee,

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine. I am writing today on behalf of the CCSM to testify in strong support of LD 1416: An Act to Require the **Department of Health and Human Services to Immediately Take Custody of Persons Sentenced to Mental Health Facilities That May Not Include County or Regional Jails.**”

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

This bill aligns with our peer community and Maine’s shared values of compassion, public safety, and evidence-based mental health care. Because LD 1416 mandates that individuals sentenced to mental health facilities be transferred immediately to institutions equipped to provide care and treatment it eliminates delays that can exacerbate mental health conditions, ensuring timely access to therapeutic interventions.

The bill explicitly prohibits placement in jails, which are ill-equipped to address the complex needs of individuals with mental illness, intellectual disabilities, or autism. We know most jails lack adequate mental health services, leading to worsening outcomes and increased risks for both residents and staff. County and regional jails are woefully unequipped to provide appropriate care for Mainers who are experiencing mental health distress or intellectual disabilities. Yet today, individuals deemed incompetent to stand trial or in need of psychiatric observation too often languish in correctional facilities—environments that exacerbate the situation, delay recovery, and violate their right to treatment and due process.

By prioritizing placement in appropriate settings, especially those that also offer peer support, LD 1416 aligns Maine’s policies with evidence-based practices that emphasize treatment over incarceration for individuals with mental health challenges. This approach reduces recidivism and promotes recovery, benefiting both the affected individuals and communities.

The requirement for placement within 30 days ensures accountability and prevents prolonged periods of uncertainty or inappropriate confinement. This provision safeguards the rights of defendants while maintaining public safety. In conclusion, LD 1416 is a compassionate and pragmatic solution that addresses

longstanding challenges

in the intersection of mental health care and the justice system. I urge this committee to support its passage and help Maine lead the way in providing dignified care for vulnerable populations.

Thank you for your time and consideration.

Simonne Maline

Executive Director



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April 30, 2025

Good morning, Senator Bailey, Representative Mathieson and esteemed members of the Health Coverage, Insurance and Financial Services Committee,

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of

Maine (CCSM). I am here today on behalf of the CCSM to testify in support of **LD 1590: “An Act to Reduce the Counselor and Social Worker Shortage by Amending Reciprocity Requirements for Those Professionals from Other Jurisdictions”**.

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

I am here to talk about some of the work we have been doing across the state of Maine and the feedback we are hearing from our fellow peers. We do forums and events to gather experiences from people who need and use Maine’s mental health system. Mental Health workforce shortage and turnover are one area we hear a lot about.

When you think about where people first enter the system for support, if not in a crisis, it is the most basic service you could ask for: outpatient counseling. This gives people the support needed to avoid much higher levels of care and when you think about it, it makes sense. Think about your own lives and the needs you have had for extra support. Sometimes those are filled with natural support like family and friends but sometimes we need an independent, skilled ear to not only listen but help us to develop skills to manage life in the future. This may be all you need or there may be additional services that are suggested.

Do you know how long waitlists are in Maine? I would like to say you could get support no matter when you need it, but that is not true. Often, if you have MaineCare for insurance the wait is longer. Our community mental health providers are often the only ones that accept MaineCare for insurance. Waitlists in southern Maine are often a minimum of six months. Other parts of the state that are more rural the wait times are even longer.



The reason I am telling this story in relation to this bill is that we must look at all measures that will bring more clinical staff working in community mental health services in Maine, especially if they have a clean license to practice from where they are moving from.

We need all solutions on the table to help support the clinical workforce in Maine so that hopefully it is not you or your loved one that suffers waiting for needed support in a time of need.

Thank you for your time and consideration,

Simonne Maline

Executive Director



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May 9, 2025

Good morning, Senator Ingwersen, Representative Meyer and esteemed members of the Health and Human Services Committee,

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine. I am here today on behalf of the CCSM to testify in support on **LD 1835: “An Act to Improve Nonemergency MaineCare Transportation”**

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them. We understand that the progressive treatment program and court commitment processes are already permitted by state law.

This critical legislation addresses long-standing gaps in accountability, transparency, and quality assurance within Maine’s non-emergency medical transportation (NEMT) system, ensuring that MaineCare members—particularly our most vulnerable neighbors and members of our Mental Health Peer Community—can reliably access healthcare services.

MaineCare’s NEMT program is a lifeline for thousands of Mainers, including seniors, people with disabilities, low-income families, and individuals in recovery. Yet systemic failures—missed rides, unsafe conditions, and a lack of recourse for complaints—have repeatedly compromised care. LD 1835 offers a comprehensive solution by doing the following:

1. Increasing Transparency

The mandated public dashboard (Sec. 1, §3197) will provide real-time data on broker performance, including trip completion rates, complaints, and safety incidents. **This empowers members, advocates, and policymakers to identify and address failures.**

2. Enforcing Accountability

The bill requires corrective action plans for brokers who consistently fail metrics (e.g., on-time trips, vehicle safety), with public reporting **to ensure follow-through.**

3. Centering Lived Experience

Regional advisory committees (Sec. 2, §3198) will elevate voices from riders, tribes, healthcare providers, and transporters **to guide improvements tailored to local needs.**

4. Providing Independent Oversight for Best Results

The ombudsman program (Sec. 3, §3199) creates an independent advocate to resolve complaints and protect member rights, free from conflicts of interest.



This bill and the resulting work would have a real-world impact. For example, it would help (a small sampling):

- A mother in Aroostook County missed dialysis because her ride never arrived.
- An individual with PTSD who also uses a wheelchair stranded after the driver arrived with a vehicle that did not accommodate a wheelchair.
- A recovering Mainer denied timely transit to a methadone clinic, risking relapse.

These are not hypothetical examples; we have heard them repeatedly in our statewide listening events and they are preventable tragedies.

LD 1835 ensures MaineCare transportation meets the dignity and urgency these situations demand.

In closing, transportation barriers should never dictate health outcomes. By passing LD 1835, Maine can build a on NEMT system rooted in equity, safety, and accountability. We urge the committee to vote **“Ought to Pass”** and stand with MaineCare members who depend on this vital service.

Thank you for your time and consideration.

Simonne Maline

Executive Director



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April 7, 2025

Good afternoon, Senator Ingwersen, Representative Meyer and esteemed members of the Joint Standing Committee on Health and Human Services.

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify **neither for nor against LD 1187, An Act to Include Certain Mental Health Assessment Data in Firearm Fatalities and Hospitalizations Reports.**

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

CCSM neither supports nor opposes LD 1187 in its current form. However, we urge the committee to look a little deeper into the potential unintended consequences of tracking mental health referrals in uniform crime reports. While the intent behind this bill may be to improve data collection and service coordination, it also raises serious concerns about stigma, selective data tracking, and potential misuse of information.

Potential for Increased Stigma

By specifically tracking mental health referrals in the context of crime reporting, this bill risks reinforcing the harmful stereotype that mental health challenges are inherently linked to criminal behavior. This association is not only inaccurate but could deter individuals from seeking care for fear of being criminalized or labeled as a risk to public safety. We must look a little deeper at how such reporting could impact public perceptions and the willingness of individuals to engage with necessary services.

Selective Data Tracking

This bill focuses exclusively on mental health referrals rather than the broader spectrum of social service interventions, such as substance use counseling, housing assistance, or domestic violence support. If the goal is to better understand the factors influencing interactions with law enforcement, why single out mental health referrals? A more comprehensive approach would look a little deeper at the full range of social determinants affecting these encounters, rather than isolating one category in a way that could be misleading.

Recommendations:

1. Broaden Data Collection Scope – Amend LD 1187 to include a wider range of social service referrals, ensuring that data collection reflects the complex realities of law enforcement interactions.



-
- 2. Implement Safeguards Against Misuse** – Establish clear guidelines to prevent the data from being used in ways that contribute to stigma or discrimination. The goal should be to improve services, not to create a system that discourages individuals from seeking help.
 - 3. Engage Stakeholders** – Work with mental health advocacy groups, individuals with lived experience, and other relevant stakeholders to ensure that data collection is fair, effective, and respectful of individuals' rights.

Conclusion

While we recognize the importance of using data to inform policy, it is critical to look a little deeper at how such measures may impact the individuals they are meant to serve. We urge the committee to consider a broader, more inclusive approach to data collection, one that informs solutions rather than reinforces stigma.

Thank you for your time and consideration.

Sincerely,

Simonne M. Maline

Executive Director



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March 25, 2025

Good afternoon, Senator Ingwersen, Representative Meyer and esteemed members of the Health and Human Services Committee,

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify in strong support of **LD 831 " An Act Regarding Abandoned Vehicles Due to Involuntary Psychiatric Hospitalization"**.

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

We want to thank Sen. Moore for her willingness to help with the small but important issue that we bring before you today.

Think about how important your car is to you? Could you function if it was taken away and you could not afford to just buy another vehicle? It is your independence and your stability (esp. if you are also employed and cannot get to work).

This is happening to our peers, particularly those who are involuntarily committed to treatment and have no control over what happens to them.

I know Kevin from Disability Rights Maine (DRM) will share about how the statute can be changed to give a moment of pause to those affected.

The reason we know this is happening is that our peers had to get help from DRM as well as hearing from others that have been adversely affected. People have lost their only possession or have needed help to pay to get their car back if they can in time. If you are on disability, do you have 2 grand in your bank account, probably not.

If you have never experienced a mental health crisis, let me paint a picture for all of you. You drive yourself to an emergency room or your car is somewhere where the crisis happened and leave it there. You are not in the best space to remember details like your car could be impounded if unattended. If you have been blue papered to an emergency room and eventual hospital these stays are not quick. If you do not have family or friends which happen often to help there may be no one that poses the question, "where is your car"? By the time you may clear enough, it is often too late. The notifications needed to be sent to you will most likely not find you in the hospital, they go to your home.



This bill would not give out protected records. It is simply a letter on hospital stationary stating they are there. It would simply help with someone who is involuntarily in a hospital give them a clearer step to keep avital asset, one they may desperately need to continue treatment when they leave the hospital.

Thank you,

Simonne Maline

Executive Director



Consumer Council System of Maine
A Voice for Consumers of Mental Health Services

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March 10, 2025

Good afternoon, Senator Carney, Representative Kuhn, and esteemed members of Joint Standing Committee Judiciary,

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify **in support of LD 847, An Act to Prohibit Housing Discrimination.**

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

We strongly support LD 847, "An Act to Prohibit Housing Discrimination," which aims to amend the Maine Human Rights Act to protect individuals from housing discrimination based on their source of income. This legislation is a crucial step in ensuring equitable access to housing for all Maine residents, particularly those with low incomes.

This bill is especially consequential for individuals who rely on Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Housing Choice Vouchers, or other forms of assistance. Too often, these Mainers are unfairly excluded from housing opportunities, further exacerbating homelessness, housing instability and stigma.

By prohibiting landlords from refusing rental applications based solely on income sources, this bill will ensure that all individuals, regardless of their financial situation, have equal access to safe and stable housing. Access to stable housing is a crucial aspect of mental and physical well-being. For individuals with mental health challenges, housing instability often intensifies their condition, making it more difficult to access the treatment and support they need. LD 847 will help eliminate one of the many barriers to stable housing that our most vulnerable populations face.

This bill aligns with the broader goals of fair housing by protecting individuals from discriminatory practices. It ensures that landlords consider all individuals based on their qualifications, rather than arbitrarily dismissing them based on their income source. LD 847 promotes equity that should be the foundation of housing policy. See this study for more information on the impacts of income discrimination: [Source of Income Discrimination and Fair Housing Policy](#)

We respectfully urge the Committee to **pass LD 847**, as it will ensure that individuals, regardless of their income source, are not discriminated against in their search for housing. By doing so, we will make significant strides in addressing housing instability and improving the quality of life for many underrepresented Maine residents.



Consumer Council System of Maine
A Voice for Consumers of Mental Health Services

Sincerely,

Simonne M. Maline

Executive Director



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April 3, 2025

Good afternoon, Senator Ingwersen, Representative Meyer, and esteemed members of the Health and Human Services Committee.

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify **in opposition to LD 938, An Act to Implement Certain Local Spending and Sourcing Requirements Regarding the Statewide Supplemental Nutrition Assistance Program.**

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

CCSM is concerned that this bill could exacerbate issues related to accessibility that SNAP recipients continuously face. Adding restrictions to where individuals can use their benefits can cause isolation and imply that they require additional oversight in their purchasing decisions. SNAP recipients rely on the program for essential food access, no matter where they may find themselves at any given time. Limiting where benefits can be used would make it significantly harder for individuals who:

- **Travel for medical care** and need access to food outside their local area.
- **Stay with family or support networks** outside their home community.
- **Live in rural areas** with already limited food access, where designated local options may not meet their needs.

While we understand the importance of stimulating Maine's economy and supporting local businesses, restrictions on food access have dangerous implications for individuals who are increasingly subject to systemic inequities. The CCSM strongly urges the Committee to consider the negative impact this bill would have on SNAP recipients, a community that already faces barriers to food security. We urge you to **vote ought not to pass on LD 938** and instead focus on expanding access and affordability rather than limiting for those who depend on this vital program.

Thank you for your time and consideration.

Sincerely,

Executive Director



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April 7, 2025

Good afternoon, Senator Ingwersen, Representative Meyer and esteemed members of the Joint Standing Committee on Health and Human Services.

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify **in opposition to LD 1066, An Act Regarding Limits on Municipal General Assistance Programs.**

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

CCSM is concerned about the implications of this bill for the many Mainers who rely on municipal General Assistance (GA) as a last-resort lifeline. The proposed limits in LD 1066 threaten to restrict access to essential support for some of the most vulnerable members of our communities.

Many peers experience housing instability, poverty, and unemployment due to systemic barriers and stigma. General Assistance can sometimes be the only thing keeping someone from homelessness or going without food. Restricting this support or imposing additional limits will undoubtedly increase hardship, worsen health outcomes, and ultimately drive-up costs in other areas, such as emergency services, shelters, and hospitalizations.

With some housing assistance programs on pause and vouchers unavailable to those who need them the most, GA programs are essential to keep folks housed and safe. Without this program expanding, there will inevitably be more Mainers forced into being unhoused.

Instead of restricting access, we should be working together to ensure that no Mainer is left behind. When people's essential needs are met, they are better able to engage in recovery, employment, and contribute to their communities in meaningful ways.

On behalf of the Consumer Council System of Maine and the individuals we represent, we respectfully ask you to vote **Ought Not to Pass on LD 1066.**

Thank you for your time, your service, and your commitment to the well-being of all Mainers.

Sincerely,

Simonne M. Maline

Executive Director



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April 8th, 2025

Good afternoon, Senator Rafferty, Representative Murphy and esteemed members of the Education and Cultural Affairs Committee.

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify in support of **LD 1203, An Act to Provide Grants to Schools That Contract for Behavioral and Mental Health Services.**

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

As of January 2025, 422 Maine children are on waitlists for behavioral health services and that is the youth that are on waitlists which we know is higher than this number. This number is more than a statistic, it represents hundreds of young people in need of support and care that they are unable to access.

The reality is that we need to increase our support for students, yet we are seeing a devastating loss of over 95 school-based clinicians due to funding issues between the last school year and this one. LD 1203 establishes a grant program through the Department of Education to help school districts contract with licensed behavioral health providers.

This bill would support early intervention and prevention, offer peace of mind to families, and strengthen community-based care networks.

As people with lived experience, we know how critical it is to get support early. We also know that mental health challenges, when left unaddressed, can derail not just a school year, but a life. Even though the focus of the CCSM is to advocate for adult systems issues we know without a doubt that we will support the youth of Maine so that they have a very different trajectory that we as adults have had and hope that with the supports for their challenges now will hopefully end in a different adulthood than we have experienced due often to the lack of the supports needed in our youth.

We urge you to **vote ought to pass on LD 1203** and ensure that every child in Maine has access to behavioral health care.

Thank you for your time and your commitment to Maine's youth.

Sincerely,

Executive Director



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April 15, 2025

Good afternoon, Senator Bailey, Representative Mathieson and esteemed members of the Health Coverage, Insurance and Financial Services Committee.

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify **in support of LD 1298, "An Act Establishing Alternative Pathways to Social Worker Licensing"**.

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

Currently, the path to becoming a Licensed Clinical Social Worker (LCSW), Licensed Master Social Worker (LMSW), or Licensed Social Worker (LSW) in Maine includes passing a standardized test. However, research shows that non-white test takers fail these exams at disproportionately high rates, despite having completed accredited degree programs and fieldwork experiences. This disparity is not due to a lack of ability or commitment, but rather a reflection of systemic discrimination in standardized testing and broader inequities in our educational systems.

These disparities reflect the systems that have historically underserved marginalized communities, including underfunded schools, barriers to higher education, and curriculum that do not reflect diverse perspectives. The licensure exam, often administered only in English and built on culturally specific norms, presents an additional and unnecessary barrier to qualified individuals who are otherwise prepared to serve their communities.

LD 1298 is a vital step toward a more inclusive and equitable licensing process. It aligns with our values as a mental health advocacy organization that believes diversity among service providers is essential to delivering culturally competent care. Maine is a growingly diverse state, and we need social workers who reflect that diversity—who can serve immigrant communities, speak to the needs of racial and ethnic minorities, and bridge cultural gaps in the delivery of care.

In short, LD 1298 is about removing unjust barriers that keep highly qualified individuals from entering the workforce. It offers the Maine State Board of Social Work Licensure the flexibility to recognize alternative demonstrations of knowledge, skill, and readiness for practice.

On behalf of the Consumer Council System of Maine, I urge you to vote **Ought to Pass on LD 1298**. This bill reflects Maine's commitment to fairness, equity, and a stronger, more inclusive mental health workforce.

Thank you for your time and consideration.

Sincerely,

Simonne M. Maline

Executive Director



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April 23, 2025

Good afternoon, Senator Nangle, Representative Crafts and esteemed members of the Transportation Committee,

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify in support of **LD 1377 “Resolve, to Convene a Working Group to Evaluate Potential Regulation of the Vehicle Towing Industry and the Impact on State Agencies and Industries”**.

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

CCSM has already testified in the Health Human Services Committee for LD 831 regarding the issue of abandoned vehicles and individuals held involuntary hospitalized. The hope is that this issue could be looked at in this proposed working group. We have attached our testimony from that public hearing and hope that you will vote this as ought to pass with this addition.

Thank you,

Simonne Maline

Executive Director



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April 23, 2025

Good afternoon, Senator Nangle, Representative Crafts and esteemed members of Transportation Committee.

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify in support of **LD 1451, "An Act to Strengthen Coordination of Community Transportation"**.

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

Reliable and accessible transportation is essential for individuals living with disabilities. Transportation directly impacts access to health care, housing, and employment, which are key components of recovery and well-being.

We appreciate the bill's focus on improving the effectiveness of community transportation efforts across the state. As this work moves forward, **we respectfully recommend that the proposed council include representation from the disability community**. Including someone with lived experience of disability will help ensure that the system is designed to meet the needs of those who often rely most heavily on these services.

We urge the committee to vote **ought to pass on LD 1451**.

Sincerely,

Simonne M. Maline

Executive Director



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April 25, 2025

Good afternoon, Senator Curry, Representative Gere and esteemed members of Housing and Economic Development Committee.

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify **in support of LD 1522, "An Act to Establish the Maine Eviction Prevention Program"**.

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

Eviction is more than just the loss of housing, it is a crisis that can initiate a cascade of negative outcomes, especially for individuals living with mental health challenges. A loss of stable housing often equates to losing access to treatment, medication, and community supports. This subsequently increases strain on emergency services, shelters, and hospitals, all of which are increasingly overburdened.

We are grateful for the work done through the pilot program and believe it is an integral step to addressing the housing crisis in our state. LD 1522 proposes a proactive and compassionate solution. By making the Maine Eviction Prevention Program permanent, this bill seeks to intervene before court proceedings or homelessness becomes inevitable.

CCSM strongly supports this bill because it recognizes housing as a human right and emphasizes that eviction prevention is not only more humane, but also more cost-effective than managing the consequences of homelessness.

We urge the committee to vote **Ought to Pass on LD 1522** and help create a reality where all people have an equitable opportunity to remain stably housed and supported.

Thank you for your time and your commitment to housing justice.

Sincerely,

Simonne M. Maline

Executive Director



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April 30, 2025

Good afternoon, Senator Bailey, Representative Mathieson, and esteemed members of the Health Coverage, Insurance and Financial Services Committee.

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify **in support of LD 1589, "An Act to Improve Parity in Insurance Coverage for Outpatient Counseling Services in Maine"**.

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

Outpatient counseling is often the first and most essential line of support for individuals living with mental health conditions. When people cannot access outpatient therapy, they inevitably utilize emergency rooms, inpatient facilities, or other crisis-level services that are both more expensive and more traumatic.

Even in Maine's most populous counties, waitlists for outpatient counseling can stretch as long as six months. We hear from our peers across the state that this backlog is one of the most urgent and demoralizing barriers to recovery. It is an issue consistently captured at our forums and other events statewide.

If this bill helps reduce wait times and increases the availability of timely outpatient counseling, we absolutely support it. Payment parity helps retain providers and expand the availability of care in both urban and rural areas. Without steps like these, the workforce crisis will only deepen.

The CCSM urges this Committee to pass LD 1589. Our system must be built to support people when they ask for help, not only after they've reached a breaking point. Ensuring true insurance parity for outpatient counseling services is a critical move toward that goal.

Thank you for your time and for your commitment to mental health equity in Maine.

Sincerely,

Simonne M. Maline

Executive Director



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May14,2025

Good afternoon, Senator Bailey, Representative Mathieson, and esteemed members of the Health Coverage, Insurance and Financial Services Committee.

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify **in support of LD 1883, An Act to Enact the All Maine Health Act.**

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

We believe that health care is a fundamental human right. LD 1883 would ensure that every Mainer has access to comprehensive health care, including mental health and substance use care, regardless of income, employment status, age, or geographic location.

Representing peers, we know firsthand how the fragmentation of the current health care system creates barriers to mental health recovery. People are often forced to delay or forego care due to high costs, gaps in insurance coverage, or a lack of providers who accept MaineCare or private insurance. These delays can escalate into crises that strain individuals, families, and public systems.

We are especially encouraged that the All Maine Health Act places strong emphasis on parity between mental and physical health, as well as the elimination of co-pays and costly deductibles. We recognize that implementing a universal, publicly funded health care system is a bold undertaking. However, we are at a time where bold action needs to occur to ensure that no one in Maine must choose between their health and financial survival.

We urge you to vote **ought to pass** on LD 1883 and to support a health care system that truly serves all Maine people.

Thank you for your time and for your service to our state.

Sincerely,

Simonne M. Maline

Executive Director



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May 12, 2025

Good afternoon, Senator Ingwersen, Representative Meyer, and esteemed members of the Health and Human Services Committee,

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify **in support of LD 1946, "An Act to Clarify the Eligibility of Certified Recovery Residences for Bridging Rental Assistance Program Housing Vouchers"**.

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

This bill proposes a much-needed clarification: that certified recovery residents should be eligible for Bridging Rental Assistance Program (BRAP) housing vouchers. LD 1946 is about aligning supportive housing resources with the needs of people in recovery from substance use and mental health challenges. It ensures that individuals residing in certified recovery residences, which offer structured, supportive environments for rebuilding lives, are not excluded from critical rental support solely due to the setting in which they are choosing to heal.

The Bridging Rental Assistance Program is a lifeline for Mainers with serious mental health conditions, many of whom cannot access other types of housing due to discrimination, stigma, or poverty. It was designed to fill a crucial gap between homelessness or institutional care and permanent housing. Excluding certified recovery residences from BRAP eligibility undermines the intent of the program and creates inequities for people who are actively working toward recovery. We understand that the program is currently not issuing new vouchers, but this change would ensure these individuals are included once the program resumes.

In closing, we urge this Committee to vote **Ought to Pass on LD 1946**. By doing so, you recognize the value of recovery residences and ensure that BRAP serves those it was meant to help, Mainers who are striving toward stability and independence.

Thank you for your time and commitment to mental health advocacy and housing justice.

Sincerely,

Simonne M. Maline

Executive Director

Opportunities and Upcoming

The momentum we built in 2025 has carried us powerfully into this new year. So far in 2026, we have submitted testimony for the recently concluded legislative session, continued to advocate for bills that directly impact mental health peers, and are actively drafting new issue statements, all as part of our ongoing commitment to making the system more effective and sustainable for everyone who needs services.

On May 13th, 2026, we gathered for the annual HOPE Conference, and once again, it was a sold-out event. The day was filled with meaningful conversations, immersive workshops, and the kind of community collaboration that reminds us why this work matters.

Our podcast, Our Voice of ME, continues to grow alongside us. Our most recent release has been our most successful yet, and we have an exciting lineup of topics ahead that shine a light on the real and multifaceted experiences of peers across Maine.

We are also looking forward to expanding our Local Council presence, with new communities and opportunities on the horizon.

As we look ahead, we are equally grateful for the opportunity to look back. The work captured in this report is a reflection of a community that shows up for one another, and it is a privilege to represent that community and help amplify the voices within it. Every conversation held, every testimony submitted, every piece of art shared, and every story told through our podcast and blog is a testament to the strength and resilience of Maine's peer community.

We carry that with us as we move forward.

